



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

Auto Safety Hotline

Vehicle Owner's Questionnaire

**NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>**

FOR AGENCY USE ONLY 798

Date Received

07-MAR-2002

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

8005142

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Location at bottom of windshield and driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
N/A	JAGUAR	XJR	1995			
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06400000	Part Name(s) FUEL: THROTTLE LINKAGES AND CONTROL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Dates of Failure(s) 01-FE3-2002 Mileage at Failure(s) 17000 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NIHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE WILL STALL OUT AT HIGHWAY SPEEDS WHEN DECELERATING OR SLOWING DOWN. CONTACTED DEALER, AND THE DEALER NOTED THAT CONSUMER NEEDED TO COME EVERY MONTH TO GET THROTTLE LINKAGES AND CONTROL CLEANED SO VEHICLE WILL STOP DOING THAT.*AK

GOVERNMENT USE ONLY

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.



DOT Auto Safety Hotline

U.S. Department of Transportation
National Highway Traffic Safety Administration

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 798

Date Rec'd: 02 APR - 2 PM 2:00

07-MAR-2002

OFFICE DEFECTS INVESTIGATION

Od. or rt. dt. up. ltr.

Reference No. 8005142

OWNER INFORMATION (Type or Print)

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an signature your name and address to the vehicle manufacturer.
Signature of Owner [Signature] Date 3/19/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at Bottom of Windshield on driver's side) NIA SAJPD184XKCB7 Vehicle Make 5516 JAGUAR Vehicle Model XJR Vehicle Year 4005/1999 Current Odometer Reading 17,500

Purchase Date 12/99 Dealer's Name SILVER STAR AG LTD Engine Size (CID/CC/L) 4.0 Turbo Diesel Gas Fuel Injected
 New Used City 1000 OAKS State CA Zip Code _____ No. Cylinders 8

Transmission Type Man. Ja. Automatic Antilock Brakes Yes No Restraint System 3-Point Belt Motorbelt Driverside Airbag 2-Point Belt Passengerside Airbag Cruise Control Yes No Drive Train Front Rear 4-Wheel Vehicle Type Car Van Minivan Other Sport Utl. Truck Motorcycle Body Style 2-Door 4-Door Stationwagon Pick Up Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06400000 Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL gets Location Left Front Right Rear Failed Part(s) Original Replacement
C10992d

No. of Failures 5 Date(s) of Failure(s) 12/01 - 01-FEB-2002 Mileage at Failure(s) 17000 Vehicle Speed at Failure(s) (STARTED @ 15,000) 60-70 MPH Failed Part(s) Yes No NHTSA Previously Yes No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash Yes No Fire Yes No Number of Persons Injured 0 Number of Fatalities 0 Estimated Property Damage 0 Reported to Police Yes No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE WILL STALL OUT AT HIGHWAY SPEEDS WHEN DECELERATING OR SLOWING DOWN. CONTACTED DEALER, AND THE DEALER NOTED THAT CONSUMER NEEDED TO COME EVERY 50 OFFER MONTH TO GET THROTTLE LINKAGES AND CONTROL CLEANED SO VEHICLE WILL STOP DOING THAT. *AK

dealer stated Throttle body gets stuck on deceleration
Jag engineer said JAG aware of problem, need to get cleaned every 5-10K miles - Jag supposedly cleans them everytime car comes in, regardless of reason -
oil change, etc.

CONTINUE ON BACK IF NEEDED

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